

4594

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. 419

Registrar's No. 62

1. Place of Death: (a) County Pima (b) City or Town Tucson (c) Location Pima Co. Gen. Hospital  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution 6 Days; In Community 12 Yrs.; In Arizona 12 Yrs.  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Pima; (c) City or Town Tucson  
(If outside city limits also write RURAL)  
(d) Street No. Rt. 3 Box 513, Elveria Road (e) If foreign born, in U. S. A. 12 Yrs.  
3. (a) FULL NAME Cornelia Frances O'Neal (b) If veteran name was H-62 (c) Social Security No. None  
(If NONE write the word)

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed Widowed  
6. (b) Name of husband or wife Charles Brown 6. (c) Age of husband or wife, if alive divorced

7. Birthdate of deceased July 1, 1863  
(Month) (Day) (Year)  
8. AGE: Years 77 Months 6 Days 17 hrs min.  
If less than one day

9. Birthplace Eagle-Pass, Texas  
(City, town or county) (State or Country)

10. Usual Occupation None

11. Industry or Business None

12. Name Charles Brown  
13. Birthplace Illinois  
(City, town or county) (State or Country)

14. Maiden Name Emily Busby  
15. Birthplace Texas  
(City, town or county) (State or Country)

16. (a) Informant's own signature Mrs James Underwood  
(b) Address Rt. 3 Box 513

17. (a) Burial, Cremation or Removal Burial  
(b) Place Sac. Xavier Mem. Ch. Date Jan 20, 1942

18. (a) Embalmer's Signature Howard A. Bring  
(b) Funeral Director Howard A. Bring  
(c) Address Bring's Funeral Service

19. (a) Jan. 20, 1942  
(Date received local Registrar)  
(b) H. V. Howard, M.D.  
(Registrar's Signature)

20M 100% Rag 9/23/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 18, 1942  
TIME (Hour and minute) 2: 45 P. M.

21. I hereby certify that I attended the deceased from Jan 12  
1942 to Jan 19, 1942  
that I last saw her alive on Jan 16, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death intestinal obstruction  
Due to Carcinoma, sigmoid colon

Due to arteriosclerosis, generalized.  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: None.  
Of operations None.

Of autopsy Carcinoma, sigmoid colon

DURATION  
2 days  
unknown.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature A. E. Engelhardt  
Address 1811 E. Speedway Date signed Jan 20, 1942